

# City of Berthold Animal License

## **Pet Owner Information**

Last Name  First Name  M.I.

Address  Apt/Suite

City  State  Zip Code

Phone  Email  DOB

Mailing address (if different from above)

## **Pet Information**

Pet Name

Pet DOB

Primary Color

Primary Breed

License #

Microchip #

Species  Dog  Cat

Gender  Male  Female

Age Yrs  Mos.

Secondary Color

Secondary Breed

Rabies Vaccination Date

Rabies Duration  12 Mos.  36 Mos.

Please print and return this sheet with a check for the total license fee to the address below. In addition, please prove a photocopy of the current vaccination certificate.

Please make check payable to:

City of Berthold  
Attention: Pet License Application  
105 Main St N  
Berthold, ND 58718

All licenses expire 2 years from date of issuance.